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PTO/SB/21 (09-04)
Approved for use through 07/31/2006. OMB 0651-0031
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| | | | |
|---|----------------------|------------------------|------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/020,707 | |
| | Filing Date | December 13, 2001 | |
| | First Named Inventor | Campbell | |
| | Art Unit | 2833 | |
| | Examiner Name | Paumen, Gary F. | |
| Total Number of Pages in This Submission | 8 | Attorney Docket Number | LeCr:Flex1 |

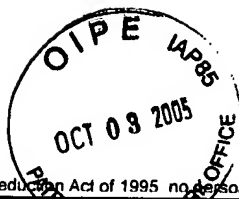
| ENCLOSURES (Check all that apply) | | |
|--|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form in duplicate <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): see remarks |
| Remarks REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT; PTO/SB/44 (in duplicate); and return receipt postcard | | |
| Certificate OCT 07 2005 of Correction | | |
| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | | |
| Firm Name | Law Office of Karen Dana Oster, LLC | |
| Signature | | |
| Printed name | Karen Dana Oster | |
| Date | September 30, 2005 | Reg. No. 37,621 |

| CERTIFICATE OF TRANSMISSION/MAILING | | |
|---|------------------|-------------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: | | |
| Signature | | |
| Typed or printed name | Karen Dana Oster | Date September 30, 2005 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 11 2005



PTO/SB/17 (12-04)

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Effective 08/14/2005

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

0

Complete if Known

| | |
|----------------------|-------------------|
| Application Number | 10/020,707 |
| Filing Date | December 13, 2001 |
| First Named Inventor | Campbell |
| Examiner Name | Paumen, Gary F. |
| Art Unit | 2833 |
| Attorney Docket No. | LeCr:Flex1 |

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☒ Deposit Account Deposit Account Number: 50-2115 Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | 0 |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|---|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP = | x | 25 | = | 0 | | |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |
| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | | |
| - 3 or HP = | x | 100 | = | 0 | | |
| HP = highest number of independent claims paid for, if greater than 3 | | | | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| _____ - 100 = _____ | _____ / 50 = _____ | 0 (round up to a whole number) x _____ | 125 | = 0 |

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Certificate of correction 1.20(a)

Fees Paid (\$)

0

SUBMITTED BY

| | | | | | |
|-------------------|------------------|-----------------------------------|--------------------|-----------|----------------|
| Signature | | Registration No. (Attorney/Agent) | 37,621 | Telephone | (503) 810-2560 |
| Name (Print/Type) | Karen Dana Oster | Date | September 30, 2005 | | |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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OCT 11 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT APPLICATION EXAMINING OPERATIONS

Applicants: Julie A. Campbell et al. Group Art Unit: 2833
Serial No.: 10/020,707 Examiner: Paumen, Gary F.
Filed: December 13, 2001 Docket No: LeCr:Flex1
Patent No.: 6,863,576
Issued: March 8, 2005
Title: ELECTRICAL TEST PROBE FLEXIBLE SPRING TIP

REQUEST FOR CERTIFICATE OF CORRECTION OF PATENT FOR
PTO MISTAKE (37 CFR § 1.322(a))

Law Office of Karen Dana Oster, LLC
PMB 1020
15450 SW Boones Ferry Rd. #9
Lake Oswego, OR 97035
September 30, 2004

Certificate of Corrections Branch
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Attached, in duplicate, is PTO/SB/44, with at least one copy being suitable for printing.

The exact page and line number where the errors are shown correctly in the application prosecution file are:

| Location in Issued Patent | Error & Correction | Location in Prosecution |
|---------------------------|---|---|
| Column 1, Line 42 | "modem" should be -- modern -- | Application, page 2, line 4. |
| Column 3, Line 38 | "12" FIG." should be -- 12" (FIG. -- | November 5, 2005 Amendment, page 2, lines 10-11. |

OCT 11 2005

| | | |
|-------------------|--|---|
| Column 3, Line 39 | "4), positioned" should be -- 4), is positioned -- | November 5, 2005 Amendment, page 2, line 11. |
| Column 8, Line 22 | "connector." should be -- connector; -- | February 25, 2004 Amendment, page 9 (the November 22, 2004 Examiner's Amendment did not change this). |

Please send the certificate to the attorney of record whose address is:
Law Office of Karen Dana Oster, LLC, PMB 1020, 15450 SW Boones Ferry Rd. #9,
Lake Oswego, OR 97035.

Please charge Deposit Account No. 50-2115 for any additional fees which
may be required.

Respectfully submitted,



Karen Dana Oster
Reg. No. 37,621
Of Attorneys of Record
Tel: (503) 810-2560

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**Page 1 of 1PATENT NO. : **6,863,576**APPLICATION NO.: **10/020,707**ISSUE DATE : **March 8, 2005**INVENTOR(S) : **Julie A. Campbell and Lawrence W. Jacobs**

It is certified that an error appears or errors appear in the above-identified patent and that said Letters Patent is hereby corrected as shown below:

Column 1,
Line 42, "modem" should be -- modern --.

Column 3,
Line 38, "12" FIG." should be -- 12" (FIG. --.

Column 3,
Line 39, "4), positioned" should be -- 4), is positioned --.

Column 8,
Line 22, "connector." should be -- connector; --.

MAILING ADDRESS OF SENDER (Please do not use customer number below):

Law Office of Karen Dana Oster, LLC
PMB 1020, 15450 SW Boones Ferry Rd. #9
Lake Oswego, Oregon 97035

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OCT 11 2005

**UNITED STATES PATENT AND TRADEMARK OFFICE
CERTIFICATE OF CORRECTION**Page 1 of 1PATENT NO. : **6,863,576**APPLICATION NO.: **10/020,707**ISSUE DATE : **March 8, 2005**INVENTOR(S) : **Julie A. Campbell and Lawrence W. Jacobs**

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PMB 1020, 15450 SW Boones Ferry Rd. #9
Lake Oswego, Oregon 97035

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